U.S. Department of Labor Office of Labor-Management Standards /Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| F | or Official Use Only |
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| | AUG 1 2 2005 |
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| - | SWIST |

1. File Number U - 5

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 1 / 2004 Through: 12 / 23 / 2004 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name JAMES B Sharp JR | Name Sheet METAL WORKERS'LOCAL #110 |
| • | Labor Organization File Number 002.417 |
| P.O. Box, Bldg., Room No., if any | D.C. D. Cullifor and D. T. Abraha K. T. |
| 1.5. Est, Bug, Novil No. II ally | P.O. Box, Building and Room Number, if any |
| Street 2063 New ORICANS DR | Street 7711 Benish Church RD |
| City LEXINGTON | Chy Louis Jille |
| State K | State K./ ZIP Code + 4 40228 |
| C Challen in Indian | 10280 |
| 5. Position in labor organization. DRGANIZER | |
| Enter appropriate data below if, during the past fiscal year, you or your spo | 1999 or minur child directly or indirectly had any of the following interacts |
| (except as specified in the excit | isions set forth in the instructions): |
| A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. | derived income or other economic benefit of on represent. |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| | |
| P.O. Box, Bidg., Room No., if any | |
| Street | 7.b. Amount |
| | |
| City | |
| State ZIP Code + 4 | |
| Sign | nature |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | (ind documents) has been examined by the clanseau and in the back adds a |
| Signed Janes B. Sharf M | on 8-10-05 502-231-2540 Ext 15 |
| | Date Telephone Number |
| Form LM-30 (2003) | |

| Name of Person Filing JAMBS B ShARP JR | File Number U - | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). Name HUMANA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 WEST MATH ST City LOUISVILLIZ State KBNTUCKY 40202 ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | |
| 40 If 0 h. and a in absoluted him to the state of a small out of a | 11.a. Nature of such dealing. | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | PROVICES HEALTH CAR LOCAL 110 MEMBERS | ?13 70 | | |
| Street | 11.b. Approximate dollar value of such dealing. | | | |
| City | 12.a. Nature of interest held or income received. | | | |
| State ZIP Code + 4 | Humana / Labor bolf outing Louisville Ky | | | |
| | 12.b. Amount. | \$ 40.00 | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | |
| Name | | | | |
| Trade Name, if any: | | j. | | |
| P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | | | | |
| | 14.b. Amount of payment. | | | |
| 13.b. Is the Business an Employer or Consultant? | | | | |

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Signature

Date